

EXPRESS

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18 APR 2005

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

PU020442

First Named Inventor

Phillip Aaron Junkersfeld  
et al**COMPLETE IF KNOWN**

Application Number

/

Filing Date

Group Art Unit

Examiner Name

**As a below named Inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A METHOD AND SYSTEM FOR MAINTAINING LIP SYNCHRONIZATION**

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY)October 22,  
2003

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/420,871	October 24, 2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (11-04)

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**POWER OF ATTORNEY  
and  
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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Phillip Aaron Junkersfeld et al
Title	A Method and System for Maintaining
Art Unit	Lip Synchronization
Examiner Name	
Attorney Docket Number	PU020442

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

24498

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or Individual Name: Thomson Licensing Inc.

Address:

Patent Operations, P.O. Box 5312

City:

Princeton

State:

NJ

Zip: 08543-5312

Country:

USA

Telephone:

609-734-6818

Fax:

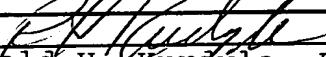
609-734-6888

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	April 18, 2005
Name	Ronald H. Kurdyla, Reg. No. 26,932	Telephone	609-734-6818
Title and Company	Sr. Patent Counsel, Thomson Licensing Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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We,

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**46, Quai A. Le Gallo**  
**F-92100 Boulogne-Billancourt**  
**France**

do hereby grant

**Joseph S. Tripoli**  
**Senior Vice President**  
**Thomson Licensing Inc.**  
**Two Independence Way**  
**Princeton, New Jersey 08540**

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of March, in the year 2004.

B. J. de Mees

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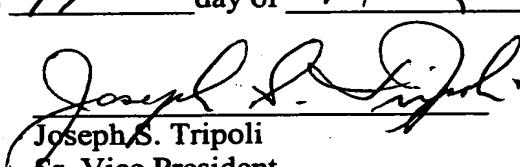
Joseph J. Laks - Vice President  
Irwin M. Krittman - Vice President  
Harvey D. Fried - Manager  
Ronald H. Kurdyla - Manager  
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*Two Independence Way*  
*Princeton, New Jersey 08540*

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DATED this 17<sup>th</sup> day of March, 2004.

SIGNED



Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON Licensing S.A.

WITNESS



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F-92100 Boulogne-Billancourt  
France

does hereby grant

Jeffrey M. Navon  
*Sr. Patent Counsel*  
*Thomson Licensing Inc.*  
*Two Independence Way*  
*Princeton, New Jersey 08540*

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DATED this 17 day of March, 2004.

SIGNED

Joseph J. Laks  
*Joseph J. Laks*  
*Vice President*  
*Thomson Licensing Inc. and*  
*Attorney In Fact for*  
*THOMSON Licensing S.A.*

WITNESS

David J. Fornacotto

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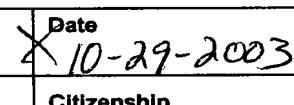
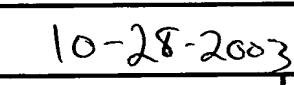
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		OR	<input checked="" type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON LICENSING INC.				
Address	PO Box 5312				
City PRINCETON			State NJ	ZIP 08543-5312	
Country USA	Telephone 317-587-4019		Fax (609) 734 - 6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <u>PHILLIP AARON</u>		Family Name <u>JUNKERSFELD</u> or Surname			
Inventor's Signature 					Date  10-29-2003
Residence: City Carmel	State Indiana	IN	Country US	Citizenship US	
Mailing Address					
Mailing Address 13232 Cameo Court					
City Carmel	State Indiana	ZIP 46033	Country US		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <u>DEVON MATTHEW</u>		Family Name <u>JOHNSON</u> or Surname			
Inventor's Signature 					Date  10-28-2003
Residence: City Fishers	State Indiana	IN	Country US	Citizenship US	
Mailing Address					
Mailing Address 13245 LaCanada Boulevard					
City Fishers	State Indiana	ZIP 46038	Country US		
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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